

Pre-Enrollment Planner

Before enrolling online through KHRIS ESS, take a moment to answer the following questions, and then keep this completed planner with you as you enroll. This is not an enrollment application but a planning tool for completing your enrollment through KHRIS ESS.

Tobacco Use Information

Within the past six months, have you, a spouse, or dependent to be covered under your insurance plan, used tobacco regularly? ☐ Yes ☐ No

This question is part of the Tobacco Use Declaration that must be completed when you enroll for benefits. Additional information about tobacco use is found on the Tobacco Use Declaration page in KHRIS ESS.

Dependents

If you would like to add a new dependent to your plan, you need to have the date of birth and social security number for each dependent.

Dependent #1	DOB:
	SSN:
Dependent #2	DOB:
	SSN:
Dependent #3	DOB:
	SSN:

LivingWell Promise

If you elect a LivingWell Plan, you will need to select “AGREE” and fulfill the requirements of the 2014 LivingWell Promise. If you select, “DO NOT AGREE” you will only be able to select a Standard plan option for 2014.

Medical Plan Options

- | | |
|--|--|
| <input type="checkbox"/> LivingWell CDHP | <input type="checkbox"/> Waiver Dental/Vision Only HRA |
| <input type="checkbox"/> LivingWell PPO | <input type="checkbox"/> Waive Coverage without HRA |
| <input type="checkbox"/> Standard PPO | <input type="checkbox"/> Waive Coverage with HRA |
| <input type="checkbox"/> Standard CDHP | |

Flexible Spending Accounts (Optional)

Determine how much you need for the year or the amount you want to come out of your pay check each pay period.

- ☐ Medical FSA:

\$_____ per pay period

_____ multiplied by the number of pay periods (12 or 24)

= \$_____ total calendar year contribution (01/01/2014 – 12/31/2014)

Per Federal law, the maximum contribution is \$2,500 per eligible planholder, the minimum is \$120. Amounts must be evenly divisible by 12 or 24.

- ☐ Dependent Care FSA:

\$_____ per pay period

_____ multiplied by the number of pay periods (12 or 24)

= \$_____ total calendar year contribution (01/01/2014 – 12/31/2014)

Per Federal law, the maximum contribution per tax filing status is \$2,500 married filing separately, \$5,000 married filing jointly, \$5,000 single head of household, and the minimum is \$120. Amounts must be evenly divisible by 12 or 24.